

# HEALTH REPORT, 1909.

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To the Chairman and Members of the Driffield  
Rural District Council.

Gentlemen,

It affords me much pleasure to submit for your approval the report on the health of your district for the year 1909. In many respects it is very satisfactory. The general death rate is lower, the death rate from zymotic disease is greatly diminished, and in other respects extensive sanitary improvements have been effected.

## GEOLOGY.

In view of the fact that we have had an exceedingly wet season, I may perhaps again be allowed to say something as to the geology of the district. As I pointed out last year the district naturally divides itself into two parts. The upper part to the north and north-west, comprised in the Wold district, is characterized by the outcrop of the cretaceous system. In this district the chalk rocks come almost to the surface, and the wells are deep wells. The bottom of the dales in this district are topped with chalk gravel. This portion of the district may be said to begin at Middleton-on-the-Wolds, to run north as far as West Lutton, passing through the Bainton sub-registration district on its way. Then it runs eastward along the whole of the dale villages, and includes in its area the Langtoft registration district terminating at Kilham. In a large part of the year this portion is characterized by the absence of running streams. When the level of the water in the chalk rises the gypseys are full of water, and a large quantity of splendid water runs to waste. This year the volume has been very great. The lower part of the district comprising the sub-registration districts of Driffield Rural and Foston is marked by another feature. It starts at the edge of the Wolds running from Kilham to Driffield, and runs down to the Cranswick and Frodingham neighbourhood. In this district the chalk is covered by the boulder clay and small oases of alluvium,

An abundant supply of water can be obtained in this district from shallow wells—many of them artesian wells—and so there is much more danger of pollution. At Kelk and Gembling the chalk is not reached till the bore is about 70 feet deep. The town and neighbourhood of Driffeld lies on a chalk gravel, which forms a sort of oasis in the boulder clay of the surrounding district. This difference of geological formation causes a marked difference in the character of the wells in the two sections of the district. The water syncline throughout the district runs south and south-east.

## POPULATION.

Proceeding on the lines I have frequently described in former reports, I estimate the population of the district to the middle of 1909 at 10,700 persons. From personal observations extending over some years, I have reason to believe that the rural exodus is not quite so great as it was some years ago. In previous years I have taken this at 273 persons, calculated on the loss of population since 1881. This year I have taken 250 as the probable figure. I think I am justified in doing this from local observations in my own district. The estimated population in 1908 was 10854. Deducting the annual exodus at 250, we should have a population of 10604. The natural increase—that is the excess of births over deaths was 95, which, added to the above figure, gives us a population of 10700. All the rates are calculated on this estimate. The annual exodus still continues, but owing to the causes adverted to in my last year's report, I believe it is slightly diminished. I have reason to think that the hope of obtaining occupation on the land as small holders is retaining a certain amount of would-be emigrants in the district. Other causes also, which I need not specify, are probably acting as slight deterrents to the exodus. This is a very desirable object from a national standpoint, and I would again urgently ask you to foster all these detaining influences in every way within your power, both as individuals and public servants in your official capacity. The increased powers granted under the new Housing and Town Planning Act, which has come into force this year, may be used powerfully in this direction by a sympathetic authority. I would urge all members of my authority to give serious study to the details of the housing portion of this Act. Much may be done under the Act to make the conditions of life in the country more acceptable to the labourer, without entailing any great burden on the community. Both political parties in the State are now pledged to some scheme of land reform, and this again may induce suitable people to refrain from emigration into the towns. This desirable consummation is one which has my entire sympathy, and I hope I may be allowed, without prejudice, to direct your attention to the many ways in which it may be helped forward.

I estimate the population of the different registration districts as follows:—Langtoft, 3096; Bainton, 3068; Driffeld Rural, 2590; and Foston, 1946. From this you will observe that the Langtoft



district has now the largest population, being about 30 above the Bainton district. It is due, as last year, to a lower death rate and larger birth rate in the district.

## BIRTH-RATE.

During 1909 the total number of births registered was 249, a decrease of 31 on 1908. The birth rate for the whole district was 23·3 per 1000, a considerable diminution on last year. With one exception it is the lowest birth rate for ten years, being almost identical with the rate for 1906. It is considerably below the average of the last ten years, which was 25·1 per 1000. It is much lower than that of the whole of England and Wales, which was 25·6 per 1000, the same figure also as that of rural England and Wales. This is in contrast to last year, when our average was greater than the above two rates. Last year I expressed a hope that from the national standpoint the increased rural birth rate might be maintained, as this represented the healthiest and sturdiest factor in our national physique, but my hopes have not been realized as regards our own district, though they have in the rest of the rural districts as a whole.

The highest birth rate was in the Driffield Rural sub-district, where it was 28·1 per 1000, and the lowest in Bainton district, where it was 20·2 per 1000. Driffield Rural district was in the same position last year, but Langtoft was the lowest, whereas this year it is second. Except in the Driffield district the whole of the rates were below the rest of the country.

I append a table for purposes of comparison :

District.	No. of Births.	Males.	Females.	Rate per 1000.
England and Wales .....				25·6
Rural England and Wales				25·6
Driffield Rural District ...	249	126	123	23·3
Langtoft district .....	72	38	34	23·2
Bainton .. .....	62	36	26	20·2
Driffield sub-district .....	73	31	42	28·1
Foston .....	42	21	21	21·5

## ILLEGITIMACY.

Under this heading I am sorry to have to record a case of degeneration. It is always high in this district, but this year it is higher, both absolutely and relatively. In 1909 the number of illegitimate births was 32, whereas last year it was only 28. There was a percentage of 13 per cent. of illegitimate births to the total number of births, or rather more than one birth in eight was illegitimate. This is nearly  $3\frac{1}{2}$  times the rate for the whole country, where it was less than 4 per cent. Moreover, it is  $2\frac{1}{2}$  times that of the whole of the East Riding, and the East Riding itself is amongst the highest in the country. A further aspect of this question is that it very materially affects the rate of infant mortality, the deaths

amongst infants of this class being much more numerous than amongst legitimate children. In his last report the Registrar-General notes the high rate of illegitimacy in certain counties, and especially those of the eastern seaboard, including East Yorkshire. He remarks his inability to account for this fact. The old idea of illiteracy going with illegitimacy or vice versa is not tenable. There are fewer illiterates in these counties than in many of those with a lower rate of illegitimacy. Personally, I think social conditions have something to do with the fact and also geographical conditions within the counties, especially as regards the distribution of that section of the community which produces the illegitimate infants. In the whole of England and Wales the proportion of illegitimate births to the total number of births was 40 per 1000, in the East Riding it was 54 per 1000, in the whole of the Driffeld Rural district it was 130 per 1000, and in the Driffeld Rural sub-district it was 177 per 1000, or more than one in six. The part of the district around Driffeld again, as in last year, has the unenviable distinction of being first on the list in this matter, as will be seen from the following table :

District.	Illeg. Births.	Proportion to legitimate.
Whole District.....	32 .....	145 per 1000
Langtoft District.....	8 .....	125 „
Bainton District .....	8 .....	148 „
Driffeld Rural District	11 .....	177 „
Foston District.....	5 .....	143 „

The Langtoft district has the best record, and the Driffeld Rural the worst. The same relations existed last year.

## MORTALITY.

During the year 1909 the total number of deaths registered amongst all people belonging to the district was 152, as compared with 162 in 1908. Of these 137 actually died in the district and 17 in public institutions outside the district. The fact that we now get returns of the last class, whereas in previous years or rather I ought to say until a few years ago, we did not, gives us a much truer death rate than those recorded some 8 or 10 years ago, when the death rate appeared to be much lower. Calculating the rate in this way on the total number of deaths belonging to the district it was 14·4 per 1000, compared with 14·9 per 1000 last year and an average of 14·8 per 1000 for ten years. One of the deaths was that of a non-resident visiting in the district. If this were deducted the actual death rate for 1909 would be 14·3 per 1000. It is lower than that for the whole of the country which was 14·5 per 1000, and lower than that of the rural districts throughout the country, which was also 14·5 per 1000. It was much above that of the smaller towns, which was 13·9 per 1000. The same remarks which I made last year on this comparison are again worthy of notice. There is no reason in natural conditions why the small towns should have a lower death



rate than the country districts. The superiority of these small towns is probably due to greater sanitary improvements. They are of course more compact, and can be better looked after by the inspector, than large and extensive rural districts like our own, which is some 15 miles across from north to south and east to west, covering an area of nearly 200 square miles, and containing 105,282 acres, with practically no railway line available for the greatest part of the district. The lines only run on the outskirts of two sides of the district. These geographical difficulties increase the work of the sanitary inspector and medical officer in rendering efficient service, especially in bad weather.

I append a table for comparison of rates throughout the country.

District.	Rates per 1000 living.		Rates per 1000 births	
	Births.	Deaths.	Infantile death rate	
England and Wales.....	25·6	.....	14·5	..... 109
76 Large Towns .....	25·7	.....	14·7	..... 118
142 Smaller Towns.....	24·8	.....	13·9	..... 111
Rural England and Wales	25·6	.....	14·5	..... 98
Driffield Rural District	23·3	.....	14·3	..... 112

The striking feature of this table is the near approach in the rates of town and country districts. This becomes more marked every year, and is a striking testimony to the effect of good sanitation as carried out in the town districts. The death rates in the Driffield Rural districts are very near an average of the whole total.

The average age at death in the whole district, excluding infants, was 59 years, including infants 47½ years. These averages are almost identical with last year. There were 90 deaths of males and 64 of females.

The rates of the various sub-districts may be gathered from the following table :—

District.	Population.	Rates per 1000 living.	
		Birth rate.	Death rate.
Whole District .....	10700	..... 23·3	..... 14·3
Langtoft.....	3096	.. ... 23·3	..... 13·5
Bainton .....	3068	..... 20·2	..... 15·6
Driffield Rural .....	2590	..... 28·1	..... 16·2
Foston .....	1946	..... 21·5	..... 11·3

The average age at death was highest in the Langtoft district where it was 65 years, excluding infants, and 54 years including infants. It was lowest in the Driffield Rural sub-district, where the numbers were respectively 50 and 38 years. The above table shows that Foston district had the lowest death rate, followed by Langtoft, whilst the Driffield Rural district had far the highest death rate. It had also the highest birth rate, but 11 of the births were those of illegitimate children, 4 of which died before reaching the age of one year.

The deaths during the year were distributed as follows :—

January, 14 deaths	.....	July, 12 deaths.
February, 19 ,,	.....	August, 15 deaths.
March, 16 ,,	.....	September, 9 deaths.
April, 11 ,,	.....	October, 7 ,,
May, 12 ,,	.....	November, 9 ,,
June, 11 ,,	.....	December, 19 ,,

The largest number of deaths were in February and December, the smallest number in October, whilst September and November were the next healthiest months. Twelve certificates were given by the Coroner after inquests, one more than last year, and 6 of them were due to accidents, the same number as last year. Five people lived to be over 90 years of age, and in addition 17 reached the stage of the eighties, 11 of these being in the Langtoft district, as were also two who died in the nineties.

The following table shows the respective death rates attributable to the more common causes of deaths, and compares them with that of the whole country. In most respects it compares very favourably with the general rate in the country. The typhoid rate is slightly higher, as is also the rate for heart disease.

Disease.	No. of Deaths.	Driffield Rural District.			Whole Country	
		Rates per 1000 living.			Rate per 1000 living	
		1909.	1908.	1907.	1908	
Influenza .....	1	.....	·90	... 1·01	... ·45	... ·29
Typhoid Fever.. .....	1	.....	·09	... ·18	... ·36	... ·07
Diarrhœa .....	2	.....	·18	... ·27	... ·09	... ·52
Diphtheria .....	1	.....	·09	... 0	...	... ·16
Scarlet Fever .....	1	.....	·09	... 0	...	... ·08
Phthisis .....	7	.....	·65	... 1·1	... ·46	... 1·11
All Tuberculous diseases...	8	.....	·74	... 1·38	... ·82	... 1·58
Cancer .....	10	.....	·93	... 2·2	... 1·09	... ·87
Heart Disease .....	19	.....	1·8	... 1·19	... 1·27	... 1·41
Pneumonia .....	11	.....	1·02	... ·46	... ·82	... 1·18
Bronchitis .....	11	.....	1·02	... 1·01	... ·82	... 1·09
All Respiratory Diseases...	24	.....	2·24	... 1·47	... 1·63	... 2·23

It will be seen from the above table that most of the rates are far below the average. The influenza death rate in our district is about one-third that of the whole country ; the typhoid fever rate is slightly above the average ; the diarrhœa rate one-third ; the scarlet fever about the same ; the phthisis rate one-half ; general tuberculosis about one-half ; cancer slightly above the average ; bronchitis and pneumonia slightly below the average. The death rate from cancer is the lowest for many years in our district. The highest rate from this disease was in the Driffield Rural district, though the Bainton district ran it close. The lowest was in the Langtoft district. I am happy to say that the death rate from typhoid fever was the lowest recorded for some years, and is very little above the average of the whole country. The one death that did occur from this disease was



in the village of Nafferton. I trust that when the new water supply is available the unenviable character of this district may disappear. The phthisis rate is only about half that of last year. In fact most of the rates from infectious diseases are lower than those of last year and much below the average of the whole country.

The deaths from the other specified diseases in the Registrar General's tables were as follows, viz.:—Enteritis 1, gastritis 2, puerperal fever 1, premature birth 8, accidents 6, suicides 2, and other non-specified causes 66. Twelve inquests were held during the year, 3 in Langtoft district, 2 in Bainton district, 5 in Driffield Rural sub-district, and 2 in Foston district. Six of these were cases of fatal accidents and 2 of suicides.

## INFANT MORTALITY.

During the year 29 deaths of infants were registered, as compared with 27 last year. One of these deaths was that of an infant who was visiting in the district. Deducting this we get an infant mortality of 112 per 1000 births. This is the highest rate for some years, and is above the average of the last 10 years. It is above the average of the whole country, which was 109 per 1000 births, and much above that of rural England and Wales, which was only 98 per 1000 births. It is difficult to say what the increase is due to as the number of deaths of prematurely born children was the same as last year. Some of the deaths were those of nurse children of illegitimate birth, and came from outside the district, so that a strict investigation might prove that the infant death rate of pure residents would be much less. I have no precise information however on which to correct the numbers and so must be content to give them as they stand.

The following table of infant death rates enables comparisons to be made within the district and with the country at large :—

District.	No. of deaths.		Rate per 1000 births.				Illegitimate rates per 1000 illeg. bths	
			1809.	1909.	1908.	1907.	1909.	1908.
England and Wales .....				109	121	118	233	220
76 Great Towns .. .....				118	128	127		
143 Smaller Towns .....				111	124	122		
Rural England and Wales...				98	110	106	96·5	165
DRIFFIELD RURAL DISTRICT	28			112	93	107	321	250
Bainton Sub-district .....	3			145	96	111	375	285
Langtoft do. ....	7			97	128	93	125	333
Driffield Rural Sub-district	9			123	52	119	455	200
Foston Sub-district .....	3			71	96	108	0	200

From this table it will be observed that the lowest rate of infant mortality was in the Foston district and the highest in the Bainton district, these places last year being occupied respectively by Driffield Rural and Langtoft districts. Far the highest rate of infant mortality in illegitimate children was in the Driffield Rural district, where

almost half of the illegitimate children born during the year expired before they reached one year of age. This give a rate of 455 per 1000 such births. In the Foston district no such child died during the year. In the Bainton 375 per 1000 births was the rate amongst illegitimate infants, or more than one-third of the births. Throughout the whole district the rate of mortality amongst illegitimate infants was the very high one of 321 per 1000 births. It was about  $3\frac{1}{2}$  times as large as that of the whole country. This high proportion of illegitimate births and deaths still continues to be a very noticeable feature of our district.

In table 5 accompanying this report is an analysis of the causes of infantile mortality. No case of death occurred from any of the notifiable diseases, and only 2 from the chief epidemic diseases in the Registrar-General's classification, these two being from diarrhoea. Last year the number of such deaths was three. Eight deaths were caused by premature births, one less than last year. Four died from atrophy and allied disorders, as compared with six last year. From diseases of the respiratory system the same number died this year as last.

There is room for improvement in this aspect of our statistical results. The higher rate of infant mortality in the district is most certainly due to the higher rate of illegitimacy. A diminution in the latter rate would be followed by a more favourable record of infant mortality. Sanitary surroundings have probably little to do with the higher rate, as evidenced by the fact that deaths from the so called preventable diseases are extremely rare amongst the infants in our district. Personal care in feeding and nurture has probably much more influence on the rate.

## INFECTIOUS DISEASE.

This division of my report will afford more agreeable reading than some of the others. During 1909 only 5 deaths occurred from the seven chief diseases included in the Registrar General's classification of infectious diseases. This gives us a rate for the whole district of .46 per 1000 as compared with .73 per 1000 last year and this again was a great improvement on previous years. If the compulsorily notifiable diseases alone are included the rate was .37 per 1000. This is satisfactory evidence of progress in active sanitation. Had we possessed suitable means of isolation the record would probably have been better still. As it is it compares very favourably with the country at large where the rate was 1.12 per 1000 and with the other rural districts of the country where it was .8 per 1000. Below is a table for purposes of comparison of these rates.

	Rates per 1000 living.			Notifiable Diseases.		
	Seven chief epidemic diseases.			1909	1908	1907
	1909	1908	1907.			
England and Wales.....	1.12	1.29	1.26			
76 Great Towns .....	1.42	1.59	1.54			
143 Smaller Towns .....	1.08	1.26	1.29			
Rural England & Wales	.8	.99	.91			
Driffield Rural District...	.46	.73	.72	.37	.27	.45



From this table you will observe that we compare favourably with all parts of the country.

I now append a further table to show the comparative fatality of the seven chief epidemic diseases through the various divisions of the district.

District.	Population.	1909.		1908.		1907.	
		Deaths.	rate.	Deaths.	rate.	Deaths.	rate.
Whole District ...	10700	5	·46	8	·73	8	·72
Bainton .....	3068	1	·37	4	1·28	1	·31
Langtoft .....	3096	0	0	0	0	3	·94
Driffeld Rural ...	2590	3	1·16	0	0	4	1·5
Foston .....	1946	1	·51	4	2·03	0	0

Perhaps the most striking feature of this table is the fact that no death from any of the seven chief epidemic diseases has occurred in the Langtoft district for two years. As this is the most populous of the districts it is a rather remarkable fact. The highest rate was in the Driffeld Rural Sub-district.

The actual incidence of infectious disease in the district was higher than last year, but lower than the average of many years past. In the early part of the year the incidence of infectious disease was very low. In the five months February to June inclusive only 10 cases of infectious disease were notified throughout the whole district and only 26 cases in the whole year until October. In the month of November a mild epidemic of scarlet fever due to a missed case spoilt the record, so that in the whole year 79 cases of infectious disease were notified as compared with 49 last year. I append a table to enable you to note the districts in which such diseases were prevalent :—

District.	1909		1908		1907	
	No. of Cases.	Rate per 1000.	No. of cases.	Rate per 1000.	No. of cases.	Rate per 1000
Whole District.....	79	7·4	41	3·77	76	6·9
Bainton .....	13	4·2	11	3·5	31	10
Langtoft .....	25	8	3	·95	6	1·8
Driffeld Rural .....	37	14·3	19	7·3	36	13·6
Foston .....	4	2	8	4	3	1·5

This table shows that the incidence has again been greatest in the Driffeld Rural district due to an epidemic of scarlet fever, which originated from a missed case at Ruston Parva. This spread to the Kilham school and raised the rate of incidence in the Langtoft district. Previous to this date only two cases of infectious disease had occurred in the Langtoft district in the first nine months of the year. The lowest rate of incidence was in the Foston district. During the whole year 56 cases of scarlet fever were notified, 12 of diphtheria, 4 of enteric fever, 3 of erysipelas, and one of puerperal fever. Only three cases of phthisis were notified during the year under the compulsory notification order (Paupers) 1903, and one of these was in the Union infirmary.

A closer analysis of the incidence of infectious disease on the various districts gives the following results.

## Bainton District.

In this district 13 cases occurred. In the early part of the year a case of scarlet fever occurred at Bainton. This, as well as two others at Wetwang, were traced to an outbreak existing in a village in the neighbouring district of Pocklington, as were also two others at Wetwang a little later. A case of diphtheria at Middleton in June could not be satisfactorily accounted for. The same remark applies to three cases of scarlet fever at Tibthorpe in the month of October. Two isolated cases of scarlet fever at Garton at distant intervals were difficult to account for. On the whole this district has been fairly free from infectious disease. The rate of incidence was 4·2 per 1000.

## Langtoft District.

In this district, as I remarked previously, only two cases of infectious disease were notified till the end of October. These two cases were at Weaverthorpe. The first was a case of diphtheria which came from the Pocklington rural district. The other was a case of scarlet fever which could not be traced to its origin. Another case of scarlet fever occurred at Weaverthorpe in October, and a third on the 6th November. Frequent visits to the school and examination of the children gave no clue to the origin of these cases. A case was discovered at Butterwick in December and there was evidence of a missed case in this house some weeks previously. Five cases arose from this case in the same house. An isolated case of diphtheria occurred at Weaverthorpe in December. All the other cases of infectious disease in the Langtoft district occurred at Kilham. They were cases of scarlet fever and arose from a missed case of the disease attending school from the village of Ruston Parva. After this a distinct nexus could be traced between all the subsequent cases. Ultimately the schools had to be closed. In the Langtoft district 23 cases of scarlet fever and 2 of diphtheria occurred. The incidence rate was 8 per 1000.

## Driffeld Rural.

In this district 37 cases of infectious disease were notified, viz., 22 of scarlet fever, 7 of diphtheria, 4 of enteric fever, 2 of erysipelas, and one of puerperal fever. The first cases of scarlet fever occurred at Hutton Cranswick in March. The outbreak did not spread. An isolated case occurred in September in the same village. I could not account for these cases, though there was some suspicion of a missed case. In October a doubtful case occurred at Nafferton without any extension. In November, owing to the occurrence of cases of fever at Kilham, I visited the school and found a child from Ruston Parva peeling. On going to the village named I found that the disease had existed there in mild form without medical attendance from harvest time, and had been imported from outside by a family visiting away from the district, who brought it back with them. All the subsequent



cases could be traced to this case throughout the whole of the outbreak in this sub-district. Seven cases of diphtheria were met with at intervals throughout the year. The first at Hutton Cranswick could not be accounted for. It did not spread. The next case also occurred in the same village and had probably been imported from Hull. This was much later in the year. This was followed in the same village by three more cases, one of which proved fatal. An enquiry at the village revealed the fact that very many children had been suffering for many weeks from sore throat, but having no medical attendance. Closer enquiry revealed the fact that many such cases still existed in the village and some were attending school. It was deemed wise to close the school and no further cases occurred. Two isolated cases of diphtheria took place at Nafferton but could be traced to no definite cause. At some of the houses obvious sanitary defects were observed and the attention of the responsible people directed to them. In September two cases of typhoid fever occurred at one house in Nafferton, one of which proved fatal. The house had no water supply, but was in a very dirty state. The patients often travelled beyond the district and other possible sources of contagion could not be excluded. Sanitary defects on the premises were attended to after request. Two other cases of typhoid fever occurred at Nafferton in October. Both were extremely mild and the cause of the disease was difficult to elucidate. All the cases of typhoid fever notified during the year occurred in the Driffeld Rural Sub-district. The rate of incidence in this district was 14·3 per 1000.

### **Foston District.**

Only 4 cases of infectious disease were notified from this district with a rate of incidence of only 2 per 1000. Two were cases of diphtheria at Harpham. The first was in a house in which the disease had existed virulently some months before, but had been thoroughly disinfected. The other was doubtful in origin. The other 2 cases in this district were at North Frodingham, being a case of phthisis and erysipelas respectively. Infectious disease was absent from this district for the greater part of the year.

On reviewing the whole district throughout the year there is reason to congratulate ourselves in this matter of infectious disease. No epidemic of any severity has taken place. I may be allowed to express the opinion that probably our increased vigilance may have had something to do with this desirable consummation.

### **WATER SUPPLY.**

The most important alteration in the matter of water supply during the year has been the launching of the scheme for supplying the village of Nafferton with a supply of water by gravitation. After much and serious consideration of the sanitary conditions of Nafferton your Authority decided to apply to the Local Government Board for

powers to provide Nafferton with a public water supply. After an enquiry the Board gave consent and the scheme is now in process of construction. At the time of writing the well has been sunk to a depth of 192 feet. At present though 24 feet above the specified contract depth there is abundance of water in the well, which augurs well for the quantity at least of the required supply. I hope that before the termination of the current year I may see this scheme completed. It will be, I am sure, an inestimable boon to the inhabitants of the village, and one which will only be appreciated at its due worth after an experience on the part of the users of its extreme utility and convenience. Of all the projects you have carried out during the year 1909 I consider this the most praiseworthy and I desire to congratulate you on the public spirit you have displayed in this matter. A sanitary authority can confer no greater boon and no greater safeguard to the health of the inhabitants than the provision of an abundant and pure water supply. I can only express the hope that this may be a portion of your work constantly in evidence in your thoughts and actions.

There has been abundance of water in the wells and ponds during the year. The gipseys have been running vigorously all winter and there has been no scarcity of water either for cattle or human beings. The excessive rainfall has had the effect of deteriorating some of the well waters which have not been well protected at the top, but only one very grave case has come to my notice. This has been remedied.

Six waters have been analysed during the year. Two were of doubtful purity, one was contaminated, one badly polluted and two good.

The pumps at the public wells have been kept in good working order during the year, any defects receiving immediate attention.

## **SEWERAGE AND DRAINAGE.**

No large scheme of public sewerage has been launched during 1909. The existing systems of sewerage in the large villages have been regularly and consistently under notice during the year. On the whole they have worked satisfactorily.

Some public sewers have been improved during the year. Many private drains which have been found defective have received attention and in all cases the owners have put them into good repair without any recourse to legal proceedings. I am happy to say that our relations with the owners of property have been harmonious throughout the whole year. Any repairs which we have deemed necessary have been carried out pleasantly and without any undue pressure.

## **SCAVENGING AND NUISANCES.**

On the whole the scavenging in the district has been satisfactorily carried out. We keep this matter under constant surveillance



as far as our limited staff can compass the work. It is much better carried out than formerly. It would be still better performed if it were done by the public authority in the larger villages, but I have had few, if any complaints, from this source during 1909. Your inspector gives frequent and regular attention to the matter, and I would like to take this opportunity of thanking him for his very efficient service during the year. I append his report at the end of mine.

## **DAIRY AND COWSHEDS ACT.**

The dairies and cowsheds have been regularly inspected during the year. They are gradually being put into better order, and we are endeavouring to bring them into line with modern requirements. A register of milk-sellers has been instituted during 1909. All the larger ones are gradually being registered at the request of the sellers, if they are considered by your authority to come up to our standard of requirements. Thus far it has seldom been found necessary to refuse registration.

During the year permission has been granted to the Hull City authorities to visit all cowsheds in our district in company with our own inspector, from which milk is sent into the city.

The issue of the leaflet on polluted milk, and the means to prevent its pollution, which was issued last year, has been productive of much good. I have frequently come across evidence of its salutary action during the past year.

## **FACTORY AND WORKSHOPS ACT.**

These places remain of the same character as in previous years. They are almost all private houses, generally of the better sort. They have been inspected at intervals during the year, and it has not been necessary so make any serious complaints. No case of infectious disease has occurred in any of them during the year. Many of them are only small businesses, and frequently employ neither apprentice nor journeyman, the work being done entirely by the proprietor.

They are generally in the occupation of the better class of industrial workmen, and are well and cleanly kept.

## **GENERAL REMARKS.**

The year has been one of progress. The sanitary state of the district has been improved. Much good work has been done, though much still remains to be done before we attain to the highest standard of sanitary efficiency as a rural sanitary authority. During the year the larger portion of the Public Health Amendment Act, 1907, has been adopted. This was carried into effect after much correspondence with the Local Government Board. Dr Farrar, one of the Board's inspectors, came down and went round portions of the

district with me, visiting the largest village and the largest sewage works. Afterwards he met the Sanitary Committee in conference, to discuss the advisability of adopting certain sections of the Act. Ultimately with few exceptions, the powers asked for by your authority were duly granted and are now in operation in the district.

In July 1909 delegates from your authority met the County Authorities in conference at Beverley to consider a scheme formulated by the latter for providing Isolation Hospitals for infectious diseases throughout the county. Though your own delegates were favourably impressed with the scheme, the conference proved futile as the various authorities could not be brought into line with the County Council Authorities. I regret that this was the case, as we have again had evidence during the year that such facilities as it was sought to provide might have been of inestimable benefit to us.

Finally, may I again direct your attention to matters which will well repay serious consideration :

1. Provision of means of isolation for infectious diseases.
2. The extension of public scavenging.
3. The improvement of the housing of the working classes, vide, The Housing Bill 1910.
4. The extension of the public water supply.
5. The still stricter regulation of the milk supply.

I believe you are quite awake to the serious aspect of all these large questions, and I am pleased to say that when they come up for discussion I can generally count upon an intelligent and sympathetic hearing.

I beg to thank you for your kindness and sympathy during the year. As in previous years we have continued to work harmoniously together. I trust that this sympathetic attitude may continue to exist, as it is the best guarantee possible of efficient work. Year by year the sanitary condition and health of the country continue to improve, and this is largely due to the sympathetic co-operation of medical officers of health and sanitary authorities. In our own district during my tenure of office, these relations have always been of the most cordial nature. I am grateful to you for your sympathetic attitude towards me and my work. It is inevitable that individual and public interests must occasionally clash, and I must do you the justice to say that in such cases the public interest always outweighs the private one in your deliberations as a sanitary authority.

I am, Gentlemen,

Your obedient Servant,

**CHAS. ED. HOLLINGS.**

Eastgate House,  
Kilham,  
Feby., 1910.



# SANITARY INSPECTOR'S REPORT.

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## NUISANCES.

During the year 1909 about 50 nuisances have been reported, and for the most part received attention.

## WATER SUPPLY.

The wells and pumps at North Dalton, Foston, Wetwang, Helperthorpe, Tibthorpe, and Beeford have undergone repairs, and the ponds at Weaverthorpe and West Luttons have been cleaned out.

## DISINFECTING.

Disinfecting by means of disinfecter, spray, and vaporform lamps, has been done at Nafferton on five occasions, Bainton, Harpham, Cranswick, Kilham, Garton, and Tibthorpe.

## DAIRY AND COWSHEDS.

Cowsheds have been registered at Beeford, Harpham, Hutton Cranswick, Lowthorpe, Nafferton, Wansford, Garton, and Watton.

## FACTORY AND WORKSHOPS ACT.

These have been under observation during the year. No legal action has been taken. Generally found in a satisfactory condition.

**J. W. SUMNER,**

Sanitary Inspector.

